



State of Connecticut
HOUSE OF REPRESENTATIVES
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TO: State Representative Toni Walker, Senator Paul Doyle & Members of the Human Services Committee
FROM: Representative Claire Janowski, Chair Executive & Legislative Noms
DATE: February 10th, 2009
RE: Public Testimony In Support of Bills 5232 & 5058 : An Act Concerning a Child's Authorization of a Clinical Treatment Plan

I am writing this letter to urge your strong consideration in raising the above bills which eliminate the DCF requirement that children sign off on their outpatient psychiatric treatment plans along with the parent or guardian.

The issue was brought to my attention by Dr. Ellen Marmer, Chairwoman for the Board of Directors of the Community Child Guidance Clinic located in Manchester whose testimony is attached to this letter. The requirement is not only creating an additional burden on the clinical staff who had to modify their procedure and forms, but is also serving to divide and create an atmosphere of discord between child and legal guardian. This is especially acute in cases where the child/youth does not want to sign the form and/or refuses treatment that the legal guardian insists that the child/youth needs to have and has approved.

Since the parent has to sign off for anyone under 18, what is the purpose on mandating a sign off signature from the child/youth who is often disturbed and not in touch with the reality of needing the treatment? What happens if the child/youth refuses to sign?...should the clinic not provide the needed treatment? Further, there is no age distinction for what age youth needs to sign the form. The only criterion is that as long as a child (of any age) can write their name, they are required to the sign off on the treatment in addition to the legal guardian. If the child does not sign off, the clinician has to document an explanation of why the child refused to sign, often taking away from the actual treatment time.

Your support in modifying this requirement would be greatly appreciated as it appears that the signature requirement would only apply to youth over 16 years of age with no parental guardian who falls under the legal category of emancipated minors.

Thank you for your consideration.

Feb. 10th: Human Services - Public Hearing
Testimony

PRACTICE LIMITED TO PEDIATRIC AND YOUNG ADULT CARDIOLOGY
BY APPOINTMENT



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To: State Representative Toni Walker, House Chair, Human Services Committee
Senator Paul Doyle, Senate Chair, Human Services Committee

Re: Bills HB 5058 & HB 5232 An Act Concerning a Child's Authorization of a Clinical
Treatment Plan

I wish to add my concerns and comments relative to the issue noted in the bills. I am currently the Chairman of the Board of the Community Child Guidance Clinic located in Manchester, CT. The Clinic had a DCF re-licensing visit on October 6th and 9th, 2008 with a formal submission of report. I am enclosing portions of the information appropriate with highlighted areas for your review. They basically referred to the minor child's participation in the treatment plan.

Although it may be advisable to share a treatment plan with the minor child, this should not be mandated. The child is seen at the Clinic at the request of either parent, legal guardian or outside referral for help. It is counter productive to create a potential adversarial situation and add to the paperwork for clinicians trying to help a youngster. In several instances the aid sought for the minor child might be related to an oppositional situation, which will only be enhanced if the youngster states he/she will not conform or be part of the treatment outlined. If that should be the case, which many times may occur, who is responsible for treatment continuation? Do you wish the treating professionals to be placed in a position of saying no to the minor patient and go ahead anyway? This would certainly adversely impact patient/client relationship towards resolution of the presenting problems.

I would urge that the bills have positive passage. If we are to have an open and sound dialogue to help children needing psychologic/psychiatric services, we should not be placing mandated signature approval as part of any process. Although it is always desirable to have a meeting of the minds in any type of treatment venue, there are times that legal mandates interfere with proper care and reaching an appropriate conclusion.

Sincerely,

Ellen L. Marmer, M.D.
ELM/mas

Enclosures